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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

達性OCT 20 AA 11: 50 Office Use Only

1.	NAME OF	
	COMMITTEE (i	n full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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 F,a,r,m,e,r,s, ,M,	u, t, u, a, I, , H, a	a,i,I, ,I,n,s,u,r,	ance Com	,p,a,n,y, ,o,t	f, ,I,o,w,a
- · · · · · · · · · · · · · · · · · · ·		C, o, m, m, i, t, t, e, e,		(P u 11 y 0	
ADDRESS (number and street Check if different than previously reported. (ACC)	[6,7,8,5, V	V _i e _i s _i t _i o _i w _i n _i P _i		5,0,2,6,6	3 ₁ - [7,7,2,7]
2. FEC IDENTIFICATION	I NUMBER ▼	CITY A	STATE	▲ ZIP	CODE A
C 0 0 1 1 7	6 1 4	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31 Year-End Repo July 31 Mid-Ye Report (Non-ele Year Only) (MY Termination Re (TER)	ort (Q2) PRE-E Report ort (Q3) ort (YE) ection (d) 30-Day POST- Report	Election To the: Convention Election on	(30G) R	unoff (30R) in t	Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer 540110-4000-0000-0000-0000-0000-0000-000					
Signature of Treasurer Date Date					
Office Use Only					ORM 3X 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2 FEC Form 3X (Rev. 02/2003) Write or Type Committee Name Farmers Mutual Hail Insurance Company of Iowa Political Action Committee From: Report Covering the Period: COLUMN A **COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2_0_1_4 January 1, (b) Cash on Hand at Beginning of Reporting Period..... 3 0 0 7 1 0 6 7 2 3 (c) Total Receipts (from Line 19) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 0 0 0 0 8 8 1 5 0 7. Total Disbursements (from Line 31)......... Cash on Hand at Close of Reporting Period 5 1 6 2 9 1 5 1 6 2 9 1 5 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

1403-132-0240

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

FEC Form 3X (Rev. 06/2004)

rmers Mutual Hail Insurance Con	inany of lowal	Political A	Action (`ammitte

е 2 0 1 4 2 0 1 0 9 0.7 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... 3 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)......▶ (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 1 0,6 7 2,3 7 3 0 0 7 5 6 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts 1 0 6 7 2 (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	rotal fills Period	Calendar Year-to-Date
	(i) Federal Share	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	(ii) Non-Federal Share		1
	(b) Other Federal Operating		
	Expenditures		6 5 0 0
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b)) ▶		6 5 0 0
22.	Transfers to Affiliated/Other Party		
~~	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	500,00	7,00000
	Independent Expenditures		
25.	(use Schedule E)	47) 47) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
26.	Loan Repayments Made	47)	
27.	Loans Made Refunds of Contributions To:	(3)	
20.	(a) Individuals/Persons Other		
	Than Political Committees		47. 47.
	(b) Political Party Committees	73	
	(c) Other Political Committees		
	(such as PACs)	2)	7) 1 7
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	•		
29.	Other Disbursements	50000	1 7 5 0 0 0
30 .	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	73 1 73	
	(% N) 1 1 01		
	(ii) "Levin" Share	47)	
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		1
	Emos so(a)(i), so(a)(ii) and so(s)/	7	7)
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1,000000	8 8 1 5 0 0
4 -	1		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	100000	0 0 4 5 0 0
	from Line 31)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8,81500

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

IT

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 1 OF 5
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
Farmers Mutual Hail Insurance Comp	-	Committee
Full Name (Last, First, Middle Initial) Rutledge, R.	onald P.	Date of Receipt
Mailing Address 240 Linden Drive City Stat	e Zip Code	Payroll Deduction
Waukee lowa 5026	•	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0 0 1 1 7 6 1 4	2 4 7 2 6
	sident FMH	
Primary	egate Year-to-Date ▼ ,7 4 1 7 8	
Full Name (Last, First, Middle Initial) Roggenburg	g, Darin	Date of Receipt
Mailing Address 2035 134th Street City State	e Zip Code	Payroll Deduction
Clive, lowa 50325	e zip oode	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0,0,1,1,7,6,1,4	181,20
	pation FMH	
Primary	egate Year-to-Date ▼6_4_5_4_0	
C Rutledge, S	hannon	Date of Receipt
Mailing Address 2273 NE 88th Street City Stat	te Zip Code	Payroll Deduction
Altoona, Iowa 50009	Le Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0 0 1 1 7 6 1 4	1.6.6.5.6
Farmers Mutual Hail Ins. Co. SVF	P FMH	
Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 5 8 9 2 0	
SUBTOTAL of Receipts This Page (optional)	•	5 9 5 0 2
TOTAL This Period (last page this line number only)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

11a 11b

PAGE 2

OF 5

T 	EMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Statements of for commercial purposes, other than using the name and		
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
	Farmers Mutual Hail Insurance Compar	ny of Iowa Political Action	Committee
	Full Name (Last, First, Middle Initial) Faga, Patrick Mailing Address		Date of Receipt
	735 Roosevelt Street City State	Zip Code	Payroll Deduction
	Story City, Iowa 50248 FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	Amount of Each Receipt this Period
	Name of Employer Farmers Mutual Hail Ins. Co. Receipt For: Occupati SVP F	MH	
	Primary	le Year-to-Date ▼ 5 2 8 0 0	
В.	Full Name (Last, First, Middle Initial) Ladehoff, Deb	bbie	Date of Receipt
	Mailing Address 2676 Brookview LN	75 Outs	Payroll Deduction
	Van Metter, IA 50261	Zip Code	Amount of Each Receipt this Period
	lederal political committee.	0 1 1 7 6 1 4	
		raining and Devel	
	Receipt For: Primary General Other (specify) ▼ Aggrega	te Year-to-Date ▼	
C.	Full Name (Last, First, Middle Initial) Johnson, Kev	in	Date of Receipt
	Mailing Address 1783 Maple Ct	7in Code	Payroll Deduction
	Winterset, IA. 50273	Zip Code	Amount of Each Receipt this Period
		0 1 1 7 6 1 4	1,1,8,2,6
	Farmers Mutual Hail Ins. Co. Occupation VP Sa	lles	
	Primary General Other (specify)	te Year-to-Date ▼ 3 8 8 3 2	
s	UBTOTAL of Receipts This Page (optional)	>	2 6 5 2 6
7	OTAL This Period (last page this line number only)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Full Name (Last, First, Middle Initial) Ewart, Larry

State

C

NAME OF COMMITTEE (In Full)

15188 Bryn Mawr

Clive, IA. 50325

federal political committee.

Name of Employer

Receipt For:

FEC ID number of contributing

Farmers Mutual Hail Ins. Co.

Mailing Address

City

FOR LINE NUMBER: PAGE 3 OF 5 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c Detailed Summary Page 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Date of Receipt Zip Code Amount of Each Receipt this Period 0_0_1_1_7_6_1_4 Occupation **VP Claims** Aggregate Year-to-Date ▼

	Primary ✓ General Other (specify) ▼	, 4 1 1 3 7	
В.	Full Name (Last, First, Middle Initial) Krohn	, Grant E.	Date of Receipt
	Mailing Address 26818 N Avenue City Adel, IA 50003	State Zip Code	Payroll Deduction Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	1 0 3 9 8
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation Asst VP Quality Control	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
<u> </u>	Full Name (Last, First, Middle Initial) Liljeda	ahl, Ken	Date of Receipt
	Mailing Address 8935 Lyndhurst	Chair Zin Code	Payroll Deduction
	Johnson, IA 50131	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	9,0,18
	Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP Operations	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2 9 9 7 2	
s	UBTOTAL of Receipts This Page (optional)		3 1 6 0 2
L	OTAL This Period (last page this line number	only)	

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) Fischer, Steve

FOR LINE NUMBER: PAGE 4 of 5 Use separate schedule(s) (check only one) for each category of the 11a 11b **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Farmers Mutual Hail Insurance Company of Iowa Political Action Committee Date of Receipt

Mailing Address 603 13th St. SE		Payroll Deduction
City Altoona, IA. 50009	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	120,00
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation VP HR	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4 2 6 0 0	
Full Name (Last, First, Middle Initial) Churc	h, Lisa	Date of Receipt
Mailing Address 813 Edgewater Drive		Payroll Deduction
City Polk City, IA 50226	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	15000
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation R&D Analyst	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Andel	son, Cindi M	Date of Receipt
Mailing Address 15934 Rosewood Ct City	State Zip Code	Payroll Deduction
Clive, IA 50325		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 1 1 7 6 1 4	6.0.4.8
Name of Employer Farmers Mutual Hail Ins. Co.	Occupation AVP Crop Ins Data Analyst	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2 0 1 3 4	
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SCHEDULE A	(FEC	Form	3X)
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SCHEDULE A (FEC FOIIII 3A)		Use separate schedule(s)	(check only one)
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Ar or	ly information copied from such Reports and Statements for commercial purposes, other than using the name an	may not be sold or used by any per d address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)		
$ \rangle$	Farmers Mutual Hail Insurance Compa	ny of Iowa Political Action	Committee
Α.	Full Name (Last, First, Middle Initial) Doud, Consta	ance S.	Date of Receipt
	Mailing Address 5200 Pond View Cir City State	Zip Code	Payroll Deduction
	Des Moines, IA 50317		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	6 1 8 6
		_{tion} or R&D Analyst]
	Primary General Other (specify)	ate Year-to-Date ▼ 2 0 5 6 0	
В.	Full Name (Last, First, Middle Initial) Tjeerdsma, E	Bryant J	Date of Receipt
	Mailing Address 8855 Kingman Dr	Zip Code	Payroll Deduction
	West Des Moines, IA 50266	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0 1 1 7 6 1 4	7 1 4 6
	Descint Con.	Crop Insurance Underwrite	e
	Primary General Other (specify) ▼	ate Year-to-Date ▼	·
-	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		Payroll Deduction
	City State	Zip Code	Amount of Each Receipt this Period
	rederal political committee.	0 1 1 7 6 1 4	
	Farmers Mutual Hail Ins. Co.	tion	
	Receipt For: Primary General Other (specify)	ate Year-to-Date ▼	
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SCHEDULE B (FEC FORM 3X)	Lico congreto cohodulo(c)	FOR LINE NUMBER:	PAGE 1 OF 1	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)	724	
İ	Detailed Summary Page	27 28a 28b	28c 29 30b	
Any information copied from such Reports and Statem	ents may not be sold or used	by any person for the purpose of s	soliciting contributions	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)				
	many of lows Politics	Action Committee		
/ Farmers Mutual Hail Insurance Com				
Full Name (Last, First, Middle Initial) A.		Date of Disburseme	- 	
King For Congress				
Mailing Address 1421 S Bell Avenue	0 8 1 9	2 0 1 4		
City	State Zip Code			
Ames, IA. 50010				
Purpose of Disbursement Contirbution) 1 1 Amount of Each Dis	sbursement this Period		
Candidate Name		Category/		
	Type	5 0 0 0 0		
Office Sought: X House Disbursem				
	Primary X General Other (specify) ▼			
State: IA District: 4				
Full Name (Last, First, Middle Initial)				
В.		Date of Disburseme	ent	
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Maining Address		_	السسسا	
City	State Zip Code			
Purpose of Disbursement				
	Amount of Each Dis	sbursement this Period		
Candidate Name	Category/ Type	-/)		
Office Sought: House Disbursen		-		
\	Primary General Other (specify) -			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.		Date of Disburseme	ent 	
Mailing Address		M M / D D	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
City	State Zip Code	•		
Purpose of Disbursement				
Candidate Name	0 1 1 Amount of Each Di	sbursement this Period		
Candidate Name	Category/ Type			
Office Sought: House Disbursen	nent For:	1780	<u>,</u>	
Senate .				
	Other (specify) ▼			
State: District:				
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TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 1 OF 1
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) 21b 22 23 24 25 26
	Detailed Summary Page	27 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	ents may not be sold or used	by any person for the purpose of soliciting contributions
		committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
/ Farmers Mutual Hail Insurance Con	npany of Iowa Politica	Action Committee
Full Name (Last, First, Middle Initial)		Data of Dicharasand
 Iowa Industry Political Action Comn 	Date of Disbursement	
Mailing Address	0 9 / 2 9 / 2 0 1 4	
400 E Court Ave	itate Zip Code	
City S Des Moines, IA.	itate Zip Code	
Purpose of Disbursement Contribution		
Candidate Name		Amount of Each Disbursement this Period
	Category/ Type 5 0 0 0 0	
Office Sought: House Disbursen		
├ ├	Primary ∑ General Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial)	<u> </u>	
3.		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		
Candidate Name	Amount of Each Disbursement this Period	
Carluidate Name		Category/ Type
Office Sought: House Disbursen	nent For:	7
Senate President	Primary General	
State: District:	Other (specify) ▼	
Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		
	<u> </u>	
City	State Zip Code	
Purpose of Disbursement	-	
Candidate Name	0 1 1 Amount of Each Disbursement this Period	
Candidate Name		Category/ Type
Office Sought: House Disbursen	nent For:	
Senate President	Primary General	
State: District:	Other (specify) ▼	
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SUBTOTAL of Disbursements This Page (optional)		50000
TOTAL This Period (last page this line number only)		50000
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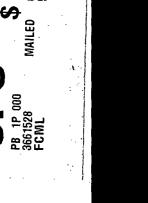
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Farmers Mutual Hail

Insurance Company of Iowa 6785 Westown Parkway | West Des Moines, Iowa 50266







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USPS Priority Mail Express	Postmarked		
Postmark Illegible			
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Overnight Delivery Service (Specify):	Shipping Date		
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Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	of Receipt or Postmarked		
PY.	10/20/2014		
PREPARER	DATE PREPARED		
(8/2013)			